

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/594616</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1										
2		1		1									
3		1											
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17		1		1									
18		16											
19		16		8									
20		16		8									
21		16		6									
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27		16											
28		13											
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30		13		3									
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33		1											
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42		1											
43		1											
44		2		①									
45		1											
46	1		1										
47		1											
48		1		1									
49		1		1									
50		2		2									
TOTAL IND.	3	↓	3	↓	0	↓							
TOTAL DEP.	259	←	48	←	0	←							
TOTAL CLAIMS	262		51		0								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
51		1		1									
52		1											
53		1											
54	1		1										
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57		1		1									
58		1											
59		1		1									
60		1											
61		1		1									
62		3											
63		1											
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97													
98													
99													
100													
TOTAL IND.	1	↓	1	↓	0	↓							
TOTAL DEP.	14	←	4	←	0	←							
TOTAL CLAIMS	15		5		0								

PTO - 1360 (REV. 04/2007)

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